

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PA</i>	<i>CPB</i>	<i>6/16/00</i>
O.I.P.E. CLASSIFIER		<i>49</i>	<i>6/22/00</i>
FORMALITY REVIEW	<i>A.S.</i>	<i>373</i>	<i>8/1/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	N	N	N
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	N	N	N
13	✓	✓	✓
14	✓	✓	✓
15	✓	✓	✓
16	✓	✓	✓
17	✓	✓	✓
18	✓	✓	✓
19	✓	✓	✓
20	✓	✓	✓
21	✓	✓	✓
22	✓	✓	✓
23	N	N	N
24	✓	✓	✓
25	✓	✓	✓
26	✓	✓	✓
27	✓	✓	✓
28	✓	✓	✓
29	N	N	N
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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